## IN THE COURT OF COMMON PLEAS JUVENILE DIVISION GUERNSEY COUNTY, OHIO

|  |   | Case No.  |  |   |
|--|---|---|--|---|
| Plaintiff/Petitioner 1   |   | <br>Judge   | DAVID B. BENN  | IETT  |
| vs./and  | d                                       | Magistrate  | PETER N. CU  | LTICE   |
| Defendant/Petitioner 2/Re  | spondent                                |   |  |   |
| Instructions: Check local co<br>with any Complaint, Petition of<br>or visitation. Each party has<br>concerning the child(ren) in a | or Motion regardir<br>s a continuing du | ng the allocation of parenta<br>ty while this case is pendi | al rights and responsibilities,<br>ng to inform the Court of a                                       | parenting time, custody,<br>ny parenting proceeding |
| PA   | RENTING PR                              | OCEEDING AFFIDA   | VIT (R.C. 3127.23(A))  |   |
| ONLY CHECK THE FOLL<br>YOURSELF OR YOUR CH<br>OR IDENTIFYING INFORM<br>REGARDING THE BASIS   | IILD(REN) WOU<br>MATION. YOU            | JLD BE JEOPARDIZED<br>ACKNOWLEDGE THA                       | BY THE DISCLOSURE  | OF YOUR ADDRESS                                     |
| jeopardized by the disc<br>my address be placed to<br>to be sealed.  | closure of identi<br>under seal. I ha   | fying information to my                                     | y, or liberty or that of r<br>spouse or the public. Tonding box next to each a<br>s case as follows: | herefore, I request that                            |
| Insert the information requesidences for all places where  |   |   |  | es. You must list the                               |
| a. Child's name  |   | Place of birth  | Date of birth  | Sex M F   |
| Period of residence  | Address<br>Confidential                 | Person child lived wi                                       | th (name and address)  | Relationship  |
| to present   |   |   |  |   |
| to   |   |   |  |   |
| to   |   |   |  |   |
| to   |   |   |  |   |

| b. Child's name   |  | Place of birth  | Date of birth  | Sex M F  |
|---|--|---|--|--|
| Period of residence   | Address<br>Confidential  | Person child lived wit  | h (name and address)   | Relationship   |
| to present  |  |   |  |  |
| to  |  |   |  |  |
| to  |  |   |  |  |
| to  |  |   |  |  |
| c. Child's name   |  | Place of birth  | Date of birth  | Sex M F  |
| Period of residence   | Address<br>Confidential  | Person child lived wit  | l<br>h (name and address)  | Relationship   |
| to present  |  |   |  |  |
| to  |  |   |  |  |
| to  |  |   |  |  |
| to  |  |   |  |  |
| ☐ I HAVE NOT p state, concerning ☐ I HAVE particip concerning the  Explain: | stody case(s): (articipated as a ng the custody obated as a party custody of or vi | (Check only one box) party, witness, or in any of or visitation (parenting witness, or in any capa isitation (parenting time) | capacity in any other ca<br>time), with any child sub<br>city in any other case, in<br>with any child subject to | ase, in this or any other<br>oject to this case.<br>this or any other state,<br>o this case. |
|   |  |   |  |  |

|    | C.   | Court and State:   |   |   |  |  |  |  |
|----|------|--|---|---|--|--|--|--|
|    | d.   | Date and court order or judgment (if any):   |   |   |  |  |  |  |
| 3. | Info | I HAVE THE FOLLOWING INFORMATION concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.  I HAVE THE FOLLOWING INFORMATION concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.  Explain: |   |   |  |  |  |  |
|    | a.   |  |   |   |  |  |  |  |
|    | b.   |  |   |   |  |  |  |  |
|    | C.   |  |   | <del> </del>  |  |  |  |  |
|    | d.   | Date and court of  | order or judgment (if any):   |   |  |  |  |  |
|    |      | NAME   | commission of the offense.  CASE NUMBER                                       | COURT/COUNTY/STATE  | CHARGE   |  |  |  |
|    |      |  |   |   |  |  |  |  |
|    |      |  |   |   |  |  |  |  |
| 5. | Pers | I DO NOT KNOW custody or visital I KNOW THAT custody or claim case.  | tion rights with respect to an THE FOLLOWING NAMED (s) to has/have custody or | arty to this case who has physicy child subject to this case.  PERSON(S) not a party to to visitation rights with respect | his case has/have physical<br>to any child subject to this |  |  |  |
|    | a.   | Name/Address of Person: has physical custody   |   |   |  |  |  |  |
|    | b.   | Name/Address of Person:  has physical custody claims custody rights claims visitation rights  Name of each child:  |   |   |  |  |  |  |
|    | c.   | Name/Address  has physica  | of Doroon:  |   |  |  |  |  |

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

## **OATH OR AFFIRMATION**

(Do not sign until Notary Public is present)

| Affidavit and, to the best of my know | vledge and belief, the fac | , swear or affirm that I have read this cts and information stated in this Affidavit are true, uth, I may be subject to penalties for perjury. |
|---------------------------------------|----------------------------|--|
|                                       |                            | Your Signature   |
| STATE OF                              | )                          |  |
|                                       | ) SS                       |  |
| COUNTY OF                             | )                          |  |
| Sworn to or affirmed before me by _   |                            | thisday of   |
|                                       |                            |  |
|                                       |                            | Signature of Notary Public   |
|                                       |                            |  |
|                                       |                            | Printed Name of Notary Public  |
|                                       |                            | Commission Expiration Date:  |
|                                       |                            | (Affix seal here)  |